

ALABAMA BOARD OF NURSING

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: Chapter 610-X-5 Advanced Practice Nursing Collaborative Practice

INTENDED ACTION: The Alabama Board of Nursing proposes to repeal Chapter 610-X-5 Advanced Practice Nursing Collaborative Practice and propose the new Chapter 610-X-5 Advanced Practice Nursing Collaborative Practice.

SUBSTANCE OF PROPOSED ACTION: The Alabama Board of Nursing proposes to repeal Chapter 610-X-5 Advanced Practice Nursing Collaborative Practice and propose the new Chapter 610-X-5 Advanced Practice Nursing Collaborative Practice.

| Section | Title | Changes |
|----------------|---|--|
| 610-X-5-.01 | Definitions | Add the definitions, currently 610-X-2-.05, for convenient reference in 610-X-5. Definitions (1) through (11) are taken directly from the Nurse Practice Act, Article 5 Advanced Practice Nursing. |
| 610-X-5-.02 | Terms and Functions of the Joint Committee | Renumber the section. No other changes |
| 610-X-5-.03 | Qualifications for Approval to Practice as a Certified Registered Nurse Practitioner | Renumber the section. No other changes |
| 610-X-5-.04 | Qualifications for Physicians in Collaborative Practice with Certified Registered Nurse | Renumber the section. Increase the physician's limit on CRNP, CNM and PA, collective for all three categories of personnel. BME defined the physician's requirement to report commencement and termination of collaborative practice. |
| 610-X-5-.05 | Limitations upon Utilization of Certified Registered Nurse Practitioners | Renumber the section. Increase the physician's limit on CRNPs in collaboration. Create rule for "transitional allowance" on FTE limit, to allow for overlap during departure of existing CRNP and orientation of new CRNP. |
| 610-X-5-.06 | Application for | Renumber the section. |

| Section | Title | Changes |
|-------------|--|---|
| | Approval to Practice as a Certified Registered Nurse Practitioner. | No other changes |
| 610-X-5-.07 | Authorization for Practice as a Certified Registered Nurse Practitioner | Renumber the section. Specify the CRNP's duty to report termination of collaborative practice. |
| 610-X-5-.08 | Temporary Approval for Practice as a Certified Registered Nurse | Renumber the section. Reduce "Provisional Approval" from one year to 6 months while awaiting results of the first attempt on the certification exam. |
| 910-X-5-.09 | Requirements for Collaborative Practice by Physicians and Certified Registered Nurse Practitioners | Renumber the section. <ul style="list-style-type: none"> • Define requirement for CRNP with less than 2 years practice experience to have on-site presence with physician equal to 10% of CRNP scheduled hours. • Delete the universal requirement for CRNP and physician to be together 10% of CRNP's practice hours. • Change required remote site visit from quarterly to twice yearly. • CRNP at remote site must meet with physician quarterly; meeting may occur at physician's practice site. • Delete requirement for <u>10%</u> sample of records to allow record review at discretion of CRNP and physician. |
| 610-X-5-.10 | Standards of Practice for Certified Registered Nurse Practitioners | Renumber the section. No other changes |
| 610-X-5-.11 | Functions and Activities of Certified Registered Nurse Practitioners. | Renumber the section. No other changes |
| 610-X-5-.12 | Prescriptions and Medication Orders by Certified Registered Nurse Practitioners. | Renumber the section. Add rules for "off-label" prescribing and prescribing non-FDA approved drugs within an authorized clinical trial. |
| 610-X-5-.13 | Reserved | Renumber the section. |
| 610-X-5-.14 | Qualifications for | Renumber the section. |

| Section | Title | Changes |
|-------------|--|--|
| | Approval as a Certified Nurse Midwife | No other changes |
| 610-X-5-.15 | Qualifications for Physicians in Collaborative Practice with Certified Nurse Midwives | Renumber the section. Increase the physician's limit on CRNP, CNM and PA, collective for all three categories of personnel. BME defined the physician's requirement to report commencement and termination of collaborative practice. |
| 610-X-5-.16 | Limitations upon Utilization of Certified Nurse Midwives | Renumber the section. Increase the physician's limit on CNMs in collaboration. Create rule for "transitional allowance" on FTE limit, to allow for overlap during departure of existing CNM and orientation of new CNM. |
| 610-X-5-.17 | Application for Approval to Practice as a Certified Nurse Midwife | Renumber the section. |
| 610-X-5-.18 | Authorization for Practice as a Certified Nurse Midwife | Renumber the section. Specify the CNM's duty to report termination of collaborative practice. |
| 610-X-5-.19 | Temporary Approval for Practice as a Certified Nurse Midwife | Renumber the section. Reduce "Provisional Approval" from one year to 6 months while awaiting results of the first attempt on the certification exam. |
| 910-X-5-.20 | Requirements for Collaborative Practice by Physicians and Certified Registered Nurse Practitioners | Renumber the section. <ul style="list-style-type: none"> Define requirement for CNM with less than 2 years practice experience to have on-site presence with physician equal to 10% of CNM scheduled hours. Delete the universal requirement for CNM and physician to be together 10% of CNM's practice hours. Change required remote site visit from quarterly to twice yearly. CNM at remote site must meet with physician quarterly; meeting may occur at physician's practice site. Delete requirement for <u>10%</u> sample of records; allow discretion of CNM and physician to set quantity of records to be reviewed. |
| 610-X-5-.21 | Standards of Practice for Certified Nurse | Renumber the section. No other changes |


| Section | Title | Changes |
|-------------|--|--|
| | Midwives | |
| 610-X-5-.22 | Functions and Activities of Certified Nurse Midwives | Renumber the section. No other changes |
| 610-X-5-.23 | Prescriptions and Medication Orders by Certified Nurse Midwives. | Renumber the section. Add rules for "off-label" prescribing and prescribing non-FDA approved drugs within an authorized clinical trial. |

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments will be received by the Board of Nursing until 4:30 P.M. on Monday, April 6, 2015. Verbal or written comments may be directed to Peggy Benson, Deputy Director/Interim Executive Officer, at P.O. Box 303900, Montgomery, AL 36130-3900 or via electronic mail at peggy.benson@abn.alabama.gov or via telephone at 334-293-5210.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

The record closes at 4:30 P.M. on Monday, April 6, 2015.

CONTACT PERSON AT AGENCY: Peggy Benson, Deputy Director/Interim Executive Officer.


Deputy Director/Interim Executive Officer

ALABAMA BOARD OF NURSING

CHAPTER 610-X-5

Advanced Practice Nursing—Collaborative Practice

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610-X-5-.01 Definitions

(1) Board of Medical Examiners: The State Board of Medical Examiners established pursuant to Code of Ala. 1975, §34-24-53.

(2) Board of Nursing: The Board of Nursing established under Code of Ala. 1975, §34-21-2.

(3) Advanced Practice Nurse in Collaborative Practice: A registered nurse who has gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles and has been approved by the Board of Nursing to engage in the practice of advanced practice nursing. Two categories of advanced practice nurses are subject to the requirements of collaborative practice:

(a) Certified registered nurse practitioners (CRNP).

(b) Certified nurse midwives (CNM).

(4) Advanced Practice Nursing—collaborative practice: The delivery of health care services by registered nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that prepares nurses for advanced practice roles as certified registered nurse practitioners or certified nurse midwives:

(a) Practice as a certified registered nurse practitioner (CRNP) is the performance of nursing skills by a registered nurse who has demonstrated by certification advanced knowledge and skills in the delivery of nursing services within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.

(b) Practice as a certified nurse midwife (CNM) is the performance of nursing skills by a registered nurse who has demonstrated by certification advanced knowledge and skills relative to the management of women's health care focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning and gynecological needs of women, within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client.

(5) Collaboration: A formal relationship between one or more certified registered nurse practitioners or certified nurse midwives and a physician or physicians under which these nurses may engage in advanced practice nursing as evidenced by written protocols approved according to the requirements of Code of Ala. 1975, section 34-21-80 et seq. or exempted according to requirements of this statute. The term collaboration does not require direct, on-site supervision of the activities of a certified registered nurse practitioner or a certified nurse midwife by the collaborating physician. The term does require such professional medical oversight and direction as may be required by the rules and regulations of the Board of Nursing and the State Board of Medical Examiners.

(6) Physician or Collaborating Physician: A doctor of medicine or a doctor of osteopathy licensed to practice medicine in Alabama who agrees in writing to practice in collaboration with one or more certified registered nurse practitioners or certified nurse midwives according to the rules and regulations adopted by the Board of Nursing and the State Board of Medical Examiners.

(7) Joint Committee Of The Board Of Nursing And The State Board Of Medical Examiners For Advanced Practice Nurses. The Joint Committee of the Board of Nursing and the State Board of Medical Examiners for Advanced Practice Nurses is a committee composed of the following, pursuant to Code of Ala. 1975, section 34-21-80 et seq.

(a) Two physicians licensed to practiced medicine in the State of Alabama;

(b) One registered nurse licensed to practice professional nursing in the State of Alabama;

(c) One licensed physician engaged in collaborative practice with a certified registered nurse practitioner or a certified nurse midwife in the State of Alabama;

(d) One certified registered nurse practitioner engaged in advanced practice

nursing with a physician in the State of Alabama; and Nursing

(e) One certified nurse midwife engaged in advanced practice with a physician in the State of Alabama.

(8) Legend Drug: Any drug, medicine, chemical or poison bearing on the label the words, "Caution, federal law prohibits dispensing without prescription" or similar words indicating that such drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed practitioner, except that the term legend drug will not include any drug, substance, or compound which is listed in Schedules I through V of the Alabama Uniform Controlled Substances Act.

(9) Prescribe or prescribing. The act of issuing a prescription for a legend drug.

(10) Prescription: An order for a legend drug which is issued and signed by a practitioner authorized by law to prescribe and administer such drugs and is intended to be filled, compounded, or dispensed by a pharmacist.

(11) Protocol: A document approved according to Code of Ala. 1975, section 34-21-81, establishing the permissible functions and activities to be performed by certified registered nurse practitioners and certified nurse midwives and signed by collaborating physicians and any nurse practitioners or nurse midwives practicing with those physicians.

(12) Medical Oversight: Concurrent and on-going collaboration between a physician and a CRNP or CNM and documentation of time together in a practice site; may include but is not limited to direct consultation and patient care, discussion of disease processes and medical care, review of patient records, protocols and outcome indicators, and other activities to promote positive patient outcomes.

(13) Quality Assurance: Documented evaluation of the clinical practice of the certified registered nurse practitioner or certified nurse midwife against ~~established patient outcome indicators~~ defined quality outcome measures, using a ~~specified percentage or~~ real and meaningful selected sample of patient records, which will identify areas needing improvement, set performance goals, and assess progress towards meeting established goals, with a summary of findings, conclusions, and, if indicated, recommendations for change. The physician's signature on the patient record does not constitute quality improvement monitoring.

(14) Principal Practice Site: The main location at which the collaborating physician is engaged in the practice of medicine.

(15) Remote Practice Site: An approved site for collaborative practice without an approved collaborating or covering physician on-site. The collaborating physician's principal practice site, acute care hospitals, skilled nursing facilities, licensed special-

care assisted living facilities and licensed assisted living facilities are not remote practice sites for the purpose of these rules.

(16) Readily Available: Response by the collaborating or covering physician by telephone, telecommunication, or radio for consultation, referral, or direct medical intervention as indicated by the needs of a patient and based on usual and customary standards of medical practice.

(17) Direct Medical Intervention: Physical presence of a physician to attend the patient as defined in the collaborative practice protocol.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-81.

History: New Rule: Filed August 25, 2003; effective September 29, 2003. **Amended:** Filed October 6, 2006; effective November 10, 2006.

610-X-5-0102 Terms and Functions of the Joint Committee

(1) The registered nurse members of the Joint Committee shall be appointed to three year terms by the Board of Nursing in accordance with **Code of Alabama, 1975**, Section 34-21-80 et seq.

(2) The physician members of the Joint Committee shall be appointed to three year terms by the State Board of Medical Examiners in accordance with **Code of Alabama, 1975**, Section 34-21-80 et seq.

(3) Terms of Joint Committee members shall begin on October 1.

(4) Joint Committee members may be reappointed to one additional term of three years by the respective board.

(5) There shall be a minimum of four Joint Committee members with two representatives from each appointing Board present at a meeting to constitute a quorum for voting.

(6) The Joint Committee shall have the authority to recommend to the Board of Nursing and State Board of Medical Examiners:

(a) Rules and regulations governing the collaborative relationship between physicians and certified registered nurse practitioners and certified nurse midwives engaged in advanced practice nursing.

(b) Model practice protocols to be used by the certified registered nurse practitioner and certified nurse midwife.

(c) A formulary of legend drugs that may be prescribed by a certified registered nurse practitioner and a certified nurse midwife.

(7) The Joint Committee shall perform other duties as directed by the Board of Nursing and State Board of Medical Examiners.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, §§ 34-21-82, 34-21-85, 34-21-87.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.0304 _____ Qualifications for Physicians in Collaborative Practice with Certified Registered Nurse Practitioners

(1) The physician in collaborative practice with a certified registered nurse practitioner shall have:

(a) A current, unrestricted license to practice medicine in the State of Alabama.

(b) Practiced medicine for at least one year, if the physician is certified by or eligible for board certification by a specialty board approved by the American Medical Association or by the American Osteopathic Association; or have practiced medicine for at least three years.

(c) Paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners the appropriate form.

(2) The State Board of Medical Examiners, in its discretion, may waive the practice requirements in 1 (b).

(3) The physician shall not collaborate with or supervise any combination of certified registered nurse practitioners, certified nurse midwives and/or assistants to physicians exceeding one hundred and ~~twenty~~ sixty (1260) hours per week (~~three~~ four full-time equivalent positions) unless an exemption is granted under Rule 610-X-5-.0405. "One full-time equivalent" (FTE) is herein described as a person/persons collectively working forty hours a week, excluding time on call.

(4) A physician entering into a collaborative practice arrangement with a certified registered nurse practitioner, including those who have been granted temporary approval to practice as a certified registered nurse practitioner under the provisions of Rule 540-X-8-.07, shall notify the State Board of Medical Examiners in writing of the following:

(a) ~~The date on which the certified registered nurse practitioner began~~

~~providing services under for commencement of the collaborative practice agreement utilizing using the "Commencement of Collaborative Practice" form and applicable fees. The Collaborative Practice Fee must accompany the "Commencement of Collaborative Practice" form.~~

(b) The date on which the collaborative practice agreement between the collaborating physician and the certified registered nurse practitioner ~~was terminated~~. ~~Notice to the Board shall be provided within five fourteen (5) business days. The "Notice of Termination" should be submitted within fourteen (14) days of the date of termination. The "Notice of Termination" shall be authorized by the collaborating physician and should include the name and license number of the collaborating physician, and the name and license number of the certified registered nurse practitioner.~~

~~The notice required by this section shall specify the name and practice address of the collaborating physician, the name and practice address of the certified registered nurse practitioner, and the date on which the collaborative practice agreement commenced or was terminated. The notice shall be signed by the collaborating physician. Notice to the Board may be sent by e-mail, facsimile, overnight delivery or U.S. mail. The Board will confirm receipt of the notice required by this section.~~

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-83.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed July 22, 2005. Effective August 26, 2005.

610-X-5-.0405 _____ Limitations upon Utilization of Certified Registered Nurse Practitioners.

(1) A physician may enter into a collaborative agreement with certified registered nurse practitioners not exceeding a cumulative one hundred and ~~twenty (120) sixty (160)~~ hours (3 four FTEs) per week. The total number of persons supervised or in collaborative practice with a physician shall not exceed one hundred and ~~twenty (120) sixty (160)~~ hours per week (~~three~~ four full-time equivalent positions) as stipulated in Rule 610-X-5-.034(3).

(2) Employees of the Alabama Department of Public Health and county health departments are specifically exempt from the requirements of paragraph (1) of this rule.

(3) A physician in collaborative practice may request approval for additional full-time certified registered nurse practitioner positions by the Joint Committee, with consideration given to the following factors to insure that an acceptable standard of care is rendered:

- (a) Availability of the physician.
- (b) Practice settings and staffing needs for extended hours of service.
- (c) Risk to patients.
- (d) Educational preparation, specialty and experience of the parties in the collaborative practice.
- (e) Complexity and risk of procedures to be performed.

(4) Any certified registered nurse practitioner engaged in practice with a collaborating physician prior to June 26, 1995 may not be denied approval for continued collaborative practice with that physician based on the ratio established in Rule 610-X-5-034.

(5) A physician in collaboration with CRNP, CNM or supervising PA personnel totaling 160 hours per week (four (4) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming CRNP. The transitional allowance shall not exceed 45 days. The physician shall request the transitional allowance in writing and specify the starting date for this FTE allowance.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-80 et seq. **History:**

Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed July 22, 2005. Effective August 26, 2005.

610-X-5-.0506 Application for Approval to Practice as a Certified Registered Nurse Practitioner.

- (1) The applicant for approval to practice as a certified registered nurse practitioner shall submit to the Board:
 - (a) The required fee(s) and a completed application including the standard protocol to be followed by the certified registered nurse practitioner and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided for in Rule 610-X-5-.067.
 - (b) An official transcript of education for advanced practice nursing as a nurse practitioner that indicates the date of completion of the program and the date degree or certificate was conferred if the dates are not the same.

(c) Official evidence of current certification as a nurse practitioner by the respective specialty-certifying agency appropriate to the applicant's educational preparation, proposed clinical area of practice, and proposed collaborating physician's area of practice.

(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of the **Code of Alabama, 1975**, Section 34-21-25 and the Alabama Board of Nursing Administrative Code, Chapter 610-X-8.

Author: Alabama Board of Nursing

Statutory Authority: **Code of Alabama 1975**, §§ 34-21-84, 34-21-85.

History: Effective June 26, 1995. **Amended** November 26, 1997. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.0607 Authorization for Practice as a Certified Registered Nurse Practitioner

(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a certified registered nurse practitioner to applicants who meet the requirements of 610-X-5-.023.

(2) Only those registered nurses who have been issued a certificate of qualification by the Board of Nursing and have current approval for collaborative practice from the Board of Nursing and the Board of Medical Examiners may hold themselves out to be certified registered nurse practitioners, use the designation "CRNP," or use titles to imply that they are certified registered nurse practitioners. Prior to approval as a CRNP, the registered nurse may use only the designation or title granted by the specialty-certifying agency.

(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified registered nurse practitioner and collaborating physician designated in the application is automatically withdrawn.

(a) The certified registered nurse practitioner and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.

(b) The certified registered nurse practitioner shall notify the Board of Nursing using the on-line form "Terminate An Existing Collaboration."

(4) The advanced practice approval card shall expire prior to the RN license card if the nurse practitioner national specialty certification expires during the license period.

(5) Approval for advanced practice may be continued each biennium at the time of renewal of the registered nurse license upon verification of:

(a) Meeting the requirements of Rule 610-X-5-.023.

(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.

(c) Payment of the advanced practice renewal fee.

(6) Failure to meet the requirements for renewal shall result in lapse of the advanced practice approval.

(7) A nurse who fails to attain or maintain specialty certification as a nurse practitioner from a specialty certification agency shall:

(a) Immediately notify the Board of Nursing.

(b) Not practice as or use the title of certified registered nurse practitioner until approved by the Board of Nursing.

(8) The registered nurse who has been issued a certificate of qualification as a certified registered nurse practitioner from the Board of Nursing may use the designation specific to the authorization, as follows:

(a) "CRNP – Faculty." The registered nurse who:

(i) Meets all qualifications for approval as a certified registered nurse practitioner as provided in Rule 610-X-5-.023.

(ii) Holds a teaching position in a nurse practitioner education program recognized by the Alabama Board of Nursing.

(iii) Has made application for approval with the exception of the protocol for the certified registered nurse practitioner and physician as provided in Rule 610-X-5-.0506.

(iv) Requests approval as a certified registered nurse practitioner without prescriptive authority in order to supervise nurse practitioner students in direct care of patients in clinical settings where there is a certified registered nurse practitioner in an approved collaborative practice or a physician who is present to oversee patient care.

(b) "CRNP – Federal Only" The registered nurse who:

(i) Meets all qualifications for approval as certified registered nurse

practitioner as provided in Rule 610-X-5-.023.

- (ii) Is employed by the United States government.
- (iii) Requests an exemption from collaborative practice with a physician licensed to practice medicine in Alabama.
- (iv) Is authorized for practice with prescriptive authority under established federal regulations and guidelines limited to the employing federal agency.

Statutory Authority: Code of Alabama, 1975, §§ 34-21-85, 34-21-90.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.0708 _____ Temporary Approval to Practice as a Certified Registered Nurse Practitioner.

(1) The applicant for approval to practice as a certified registered nurse practitioner may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.

(a) The applicant shall meet the requirements of Rules 610-X-5-.0203 and 610-X-5-.0506

(b) The collaborating physician shall meet the qualifications established in Rule 610-X-5-.0304.

(c) Temporary approval is limited to the standard protocol and formulary approved by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners and does not include the authority to:

- (i) Perform additional skills as provided in Rule 610-X-5-.4011.
- (ii) Prescribe drugs that are listed in the standard formulary with "Restrictions."

(2) Provisional Approval: A registered nurse who meets the requirements of Rules 610-X-5-.0203 and 610-X-5-.0506 with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1) (c) of this rule with these additional stipulations.

(a) Practice under the on-site supervision of an approved certified registered nurse practitioner or a licensed physician.

(b) During the period of provisional approval, there shall be one hundred percent review of patient cases by the collaborating physician.

(c) The nurse practitioner with provisional approval may use the designation "Graduate Registered Nurse Practitioner."

(d) Provisional approval to practice is limited to a maximum of ~~one year~~ six months and shall expire immediately upon:

(i) Notification of ~~passing the certification examination~~ approval by the Board of Nursing.

(ii) Notification of failing the certification exam.

(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified registered nurse practitioner approved to practice under the provisions of these rules may continue in a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided the interim physician meets the qualifications established in Rule 610-X-5-.0304.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama 1975, §§ 34-21-84, 34-21-85.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.0809 _____ Requirements for Collaborative Practice by Physicians and Certified Registered Nurse Practitioners

(1) The collaborating physician shall:

(a) Provide professional medical oversight and direction to the certified registered nurse practitioner.

(b) Be readily available for direct communication or by radio, telephone or telecommunications.

(c) Be readily available for consultation or referrals of patients from the certified registered nurse practitioner.

(2) In the event the collaborating physician is not readily available, provisions shall be made for medical coverage by a physician who is pre- approved by the State Board of Medical Examiners and is familiar with these rules.

~~(3) If the certified registered nurse practitioner is to perform duties at a site~~

~~away from the collaborating physician, the written protocol shall clearly specify the circumstances and provide written verification of physician availability for consultation, referral, or direct medical intervention in emergencies and after hours, if indicated.~~

~~(4) The collaborating physician shall be present with the certified registered nurse practitioner in an approved collaborative practice site for not less than ten percent (10%) of the certified registered nurse practitioner's scheduled hours in the collaborative practice as specified in the protocol application. In addition, the collaborating physician shall visit each approved collaborative practice site not less than quarterly. The collaborating physicians with the Alabama Department of Public Health and county health departments are exempt from this requirement.~~

~~(5 3) The certified registered nurse practitioner's scheduled hours in licensed acute care hospitals, licensed skilled nursing facilities, licensed special care assisted living facilities, and licensed assisted living facilities~~ the collaborating physician's principal practice site, patient homes, facilities licensed by the Alabama Department of Public Health, and facilities certified by the Alabama Department of Mental Health ~~are not subject to the required minimum hours for physician presence.~~

(4) The collaborating physician shall:

(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the certified registered nurse practitioner (CRNP).

(b) Be present for not less than ten percent (10%) of the CRNP's scheduled hours in an approved practice site with CRNP who has less than two (2) years (4,000 hours) of collaborative practice experience:

(i) Since initial certification; or

(ii) In the collaborating physician's practice specialty.

(c) Visit remote practice sites no less than twice annually.

(d) Meet no less than quarterly with the CRNP who has more than two (2) years (4,000 hours) of collaborative practice experience.

(e) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.

~~(6) If the certified registered nurse practitioner's scheduled weekly collaborative practice hours are:~~

~~(a) Thirty or more hours per week, the certified registered nurse practitioner shall be present in an approved practice site with the collaborating or covering~~

~~physician for time equal to ten percent (10%) of the certified registered nurse practitioner's scheduled weekly hours. Cumulative hours may accrue on a monthly basis.~~

~~(b) — Less than 30 hours per week, the certified registered nurse practitioner shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified registered nurse practitioner's scheduled weekly hours. Cumulative hours may accrue on a quarterly basis.~~

~~(7-5)~~ The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.04(4)(b).

(8-6) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of the Alabama Department of Public Health and county health departments are exempt from the requirements of written verification of physician availability.

(9-7) A written standard protocol specific to the specialty practice area of the certified registered nurse practitioner and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified registered nurse practitioner, shall:

(a) Identify all sites where the certified registered nurse practitioner will practice within the collaboration protocol.

(b) Identify the physician's principal practice site.

(c) Be maintained at each practice site.

(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified registered nurse practitioner consistent with these rules and which are appropriate for the collaborative practice setting.

(e) Include a pre-determined plan for emergency services.

(f) Specify the process by which the certified registered nurse practitioner shall refer a patient to a physician other than the collaborating physician.

(g) Specify a plan for quality assurance management with ~~established patient outcome indicators~~ defined quality outcome measures for evaluation of the clinical practice of the certified registered nurse practitioner and include review of ~~no less than~~

~~ten percent (10%)~~ a meaningful sample of medical records plus all adverse outcomes. Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified registered nurse practitioner for review.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama 1975, § 34-21-85.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed July 22, 2005. Effective August 26, 2005.

Amended: Filed October 6, 2006. Effective November 10, 2006.

610-X-5-.~~1011~~ Functions and Activities of Certified Registered Nurse Practitioners.

(1) The certified registered nurse practitioner is responsible and accountable for the continuous and comprehensive management of a broad range of health services for which the certified registered nurse practitioner is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:

(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.

(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.

(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.

(d) Counsel, teach and assist individuals and families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.

(e) Consult with and refer to other health care providers as appropriate.

(2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advanced practice of the certified registered nurse practitioner.

(3) A certified registered nurse practitioner may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse practitioner educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a

certified registered nurse practitioner. Such functions shall be submitted to the Joint Committee for consideration for inclusion on the standard protocol.

(4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.

(5) A certified registered nurse practitioner may write admission orders for inpatients as directed by the physician and subsequent orders in accordance with established protocols and institutional policies.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama 1975, §§ 34-21-85, 34-21-87.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed September 22, 2008. Effective: October 27, 2008.

610-X-5-.4412 Prescriptions and Medication Orders by Certified Registered Nurse Practitioners.

(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified registered nurse practitioner curriculum.

(2) Certified registered nurse practitioners practicing under protocols approved in the manner prescribed by **Code of Alabama, 1975**, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:

(a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.

(b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified registered nurse practitioner. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs as identified in the Physician's Desk Reference or Product Information Insert, ~~not to and~~ do not:

(i) Exceed the recommended treatment regimen periods.

(ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.

(c) Drugs and medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.

(d) “Off Label” use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:

- (i) Within the current standard of care for treatment of disease or condition.
- (ii) Supported by evidence-based research.
- (iii) Approved by the collaborating physician and entered into the patient record.

~~(b) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.~~

(3) A certified registered nurse practitioner shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified registered nurse practitioner is not authorized to prescribe under the protocol signed by the collaborating physician and certified registered nurse practitioner and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.

(4) A written prescription for any drug that the certified registered nurse practitioner is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient’s record and signed by the certified registered nurse practitioner.

(5) The certified registered nurse practitioner in collaborative practice with prescriptive privileges shall not engage in prescribing for:

- (a) Self.
- (b) Immediate family members.
- (c) Individuals who are not patients of the practice.

(6) The certified registered nurse practitioner who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified registered nurse practitioner complies with all applicable state and federal laws

and regulations.

(7) When prescribing legend drugs a certified registered nurse practitioner shall use a prescription format that includes all of the following:

(a) The name, medical practice site address and telephone number of the collaborating physician or covering physician.

(b) The certified registered nurse practitioner's name printed below or to the side of the physician's name.

(c) The medical practice site address and telephone number of the certified registered nurse practitioner if different from that of the collaborating physician.

(d) The certified registered nurse practitioner's registered nurse license number and identifying prescriptive authority number assigned by the Board of Nursing.

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line.

(f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.

(g) The date the prescription is issued to the patient.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-86.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.1213__Reserved

610-X-5-.1314 Qualifications for Approval as a Certified Nurse Midwife.

(1) The applicant for approval to practice as a certified nurse midwife shall have:

(a) An active Alabama registered nurse license. Initial applicants shall have an unencumbered active Alabama registered nurse license unless authorized by the Board.

(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a

registered nurse that prepares nurse midwives and is recognized by the Board of Nursing and the appropriate specialty certifying agency.

(c) At least a master's or higher degree in advanced practice nursing from an accredited program recognized by the Board. The applicant for initial approval as a nurse midwife who meets one of the following criteria is exempt from the requirement for a master's degree in nursing:

(i) Graduation prior to 1996 from a Board recognized post-baccalaureate program preparing nurse midwives.

(ii) Graduation prior to 1984 from a non-baccalaureate program preparing nurse midwives.

(iii) The Board of Nursing may grant a waiver of the master's degree requirement at its discretion.

(d) Current certification as a certified nurse midwife by the American College of Nurse-Midwives or American College of Nurse-Midwives Certification Council Midwifery Certification Board.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-84.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.4415 Qualifications for Physicians in Collaborative Practice with Certified Nurse Midwives.

(1) The physician in collaborative practice with a certified nurse midwife shall have:

(a) A current unrestricted license to practice medicine in the State of Alabama.

(b) Practiced medicine, including the active practice of obstetrics and/or gynecology, for at least one year, if the physician is certified by or eligible for board certification by a specialty board approved by the American Medical Association or by the American Osteopathic Association; or have practiced medicine, including the active practice of obstetrics and/or gynecology, for at least three years.

(c) Paid all collaborative practice fees due to the Board of Medical Examiners and submitted to the Board of Medical Examiners the appropriate form.

(2) The State Board of Medical Examiners, in its discretion, may waive

the practice requirements in 1 (b).

(3) The physician shall not collaborate with nor supervise any combination of certified nurse midwives, certified registered nurse practitioners and/or assistants to physicians exceeding one hundred and sixty (160) hours per week three (four full-time equivalent positions) unless an exemption is granted under Rule 610-X-5-.4516. "One full-time equivalent" (FTE) is herein described as a person/persons collectively working forty hours a week, excluding time on call.

(4) A physician entering into a collaborative practice arrangement with a certified nurse midwife, including those who have been granted temporary approval to practice as a certified nurse midwife under the provisions of Rule 540-X-8-.21, shall notify the State Board of Medical Examiners in writing of the following:

(a) ~~The date on which the certified nurse midwife began providing services under for commencement of the collaborative practice agreement using the Commencement of Collaborative Practice" form. The Collaborative Practice fee must accompany the "Commencement of Collaborative Practice" form. Notice to the Board shall be provided within five (5) business days after this date.~~

(b) The date on which the collaborative practice agreement between the collaborating physician and the certified nurse midwife ~~was terminated~~. ~~Notice to the Board shall be provided within five (5) business days after this date. The "Notice of Termination" should be submitted within fourteen (14) days of the date of termination. The "Notice of Termination" shall be authorized by the collaborating physician and should include the name and license number of the collaborating physician and the name and license number of the certified nurse midwife.~~

~~The notice required by this section shall specify the name and practice address of the collaborating physician, the name and practice address of the certified nurse midwife, and the date on which the collaborative practice agreement commenced or was terminated. The notice shall be signed by the collaborating physician. Notice to the Board may be sent by e-mail, facsimile, overnight delivery or U.S. mail. The Board will confirm receipt of the notice required by this section.~~

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-83.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed July 22, 2005. Effective August 26, 2005

610-X-5-.4516 Limitations upon Utilization of Certified Nurse Midwives.

(1) A physician may enter into a collaborative agreement with certified nurse midwives not exceeding three full-time equivalent positions/four persons a cumulative one hundred and sixty (160) hours (four FTEs) per week. The total

number of persons supervised or in collaborative practice with a physician shall not exceed ~~three~~ one hundred and sixty (160) hours per week (four full-time equivalent positions) as stipulated in Rule 610-X-5-.~~44~~15(3).

(2) Employees of the Alabama Department of Public Health and county health departments are specifically exempt from the requirements of paragraph (1) of this rule.

(3) A physician in collaborative practice may request approval for additional full-time certified nurse midwife positions by the Joint Committee, with consideration given to the following factors to insure that an acceptable standard of care is rendered:

- (a) Availability of the physician.
- (b) Practice settings and staffing needs for extended hours of service.
- (c) Risk to patients.
- (d) Educational preparation, specialty and experience of the parties in the collaborative practice.
- (e) Complexity and risk of procedures to be performed.

(4) A physician in collaboration with CRNP, CNM or supervising PA personnel totaling 160 hours per week (four (4) FTEs) may request a transitional allowance increasing the total weekly hours for the purpose of orientation of the incoming CNM. The transitional allowance shall not exceed 45 days. The physician shall request the transitional allowance in writing and specify the starting date for this FTE allowance.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975. § 34-21-87.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed July 22, 2005. Effective August 26, 2005.

610-X-5-.~~46~~17 Application for Approval to Practice as a Certified Nurse Midwife.

(1) The applicant for approval to practice as a certified nurse midwife shall submit to the Board:

(a) The required fee(s) and a completed application including the standard protocol to be followed by the certified nurse midwife and each collaborating physician, unless application is made for an exemption from a collaborative practice agreement as provided in Rule 610-X-5-.~~47~~18.

(b) An official transcript of education for advanced practice nursing as a nurse midwife that indicates the date of completion of the program and the date the degree or certificate was conferred if the dates are not the same.

(c) Official evidence of current certification as a certified nurse midwife by the American College of Nurse-Midwives Certification Council Midwifery Certification Council.

(2) The Board of Nursing may decline to consider an applicant who is under investigation for a potential violation of the **Code of Alabama, 1975**, Section 34-21-25 and the Alabama Board of Nursing Administrative Code, Chapter 610-X-8.

Author: Alabama Board of Nursing

Statutory Authority: **Code of Alabama, 1975**, §§ 34-21-85, 34-21-90.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.1718 _____ Authorization for Practice as a Certified Nurse Midwife.

(1) The Board of Nursing may grant a certificate of qualification for advanced practice nursing as a nurse midwife to applicants who meet all requirements of 610-X-5-.1714.

(2) Only those registered nurses who have been issued a certificate of qualification by the Board of Nursing and have approval for collaborative practice from the Board of Medical Examiners and Board of Nursing may hold themselves out to be certified nurse midwives, use the designation "CNM" or use titles to imply that they are nurse midwives.

(3) When for any reason the collaborative practice agreement with the physician designated in the application for approval is terminated, then approval of such certified nurse midwife and collaborating physician designated in the application is automatically withdrawn.

(a) The certified nurse midwife and the physician shall each inform their respective board in writing of the effective date of the termination of the collaborative practice agreement and the reasons for such termination. Failure to notify the respective board of termination may be considered a violation of these rules and regulations.

(b) The certified nurse midwife shall notify the Board of Nursing using the on-line form "Terminate an Existing Collaboration."

(4) The advanced practice approval card shall expire prior to the RN license card if the advanced practice national specialty certification expires during the license period.

(5) Approval for advance practice may be continued each biennium at the time of renewal of the registered nurse license upon verification of:

(a) Meeting the requirements of Rule 610-X-5-.~~43~~14.

(b) Continued collaboration with the approved physician(s) or eligibility for continued exemption from collaboration.

(c) Payment of the advanced practice nursing renewal fee.

(6) Failure to meet the requirements for renewal shall result in lapse of the advanced practice approval.

(7) A nurse who fails to attain or maintain specialty certification as a nurse midwife from the American College of Nurse Midwives Certification Council shall:

(a) Immediately notify the Board of Nursing.

(b) Not practice or use the title of certified nurse midwife until approved by the Board of Nursing.

(8) Registered nurses who have been issued a certificate of qualification as certified nurse midwives from the Board of Nursing may use the designation specific to the authorization, as follows:

(a) "CNM – Faculty" The registered nurse who:

(i) Meets all qualifications for approval as a certified nurse midwife as provided in Rule 610-X-5-.~~43~~14.

(ii) Holds a teaching position in a nurse midwifery education program recognized by the Alabama Board of Nursing.

(iii) Has made application for approval with the exception of the standard protocol for the CNM and physician as provided in Rule 610-X-5-.~~46~~17.

(iv) Requests approval as a certified nurse midwife without prescriptive authority in order to supervise nurse midwife students in direct care of patients in clinical settings where there is a CNM in an approved collaborative practice or a physician who is present to oversee patient care.

(b) "CNM – Federal Only" The registered nurse who:

(i) Meets all qualifications for approval as certified nurse midwife as provided in Rule 610-X-5-.~~43~~14.

- (ii) Is employed by the United States government.
- (iii) Requests an exemption from collaborative practice with a physician licensed to practice medicine in Alabama.
- (iv) Is authorized for practice with prescriptive authority under established federal regulations and guidelines limited to the employing federal agency.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, §§ 34-21-85, 34-21-90.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.~~18~~19_____ Temporary Approval as a Certified Nurse Midwife.

(1) The applicant for approval to practice as a certified nurse midwife may be granted temporary approval for practice under the following stipulations until such time as the application is approved or denied by the Board of Nursing and the Board of Medical Examiners.

(a) The applicant shall meet the requirements of Rules 610-X-5-.~~43~~14 and 610-X-5-.~~46~~17.

(b) The collaborating physician shall meet the qualifications established in Rule 610-X-5-.~~44~~15.

(c) Temporary approval is limited to the standard protocol and formulary, including oxytocics, approved by the Joint Committee of the Alabama Board of Nursing and the Alabama State Board of Medical Examiners and does not include the authority to:

- (i) Perform additional skills as provided in Rule 610-X-5-.~~24~~22.
- (ii) Prescribe drugs other than oxytocics that are defined in the standard formulary with "Restrictions."

(2) Provisional Approval: A registered nurse who meets the requirements of Rules 610-X-5-.~~43~~14 and 610-X-5-.~~46~~17 with the exception of national certification, and who has applied for initial certification may be granted temporary approval under paragraph (1) (c) of this rule with these additional stipulations.

(a) Practice under the on-site supervision of an approved certified nurse midwife or a licensed physician.

(b) During a minimum of the first thirty days of practice or until satisfactory clinical skills are demonstrated, the collaborating physician or covering physician shall be in attendance at all deliveries by the nurse midwife. The nurse midwife shall contact the collaborating physician or the physician providing medical coverage.

(c) The nurse midwife with provisional approval may use the designation "Graduate Nurse Midwife."

(d) Provisional approval to practice is limited to a maximum of ~~one year~~ six months and shall expire immediately upon:

(i) Notification of ~~passing the certification examination~~ approval by the Board of Nursing.

(ii) Notification of failing the certification exam.

(3) Interim Approval: If the relationship with the collaborating physician is terminated, a certified nurse midwife approved to practice under the provisions of these rules may continue in a collaborative practice with an interim physician after application for approval until such time as the new application is approved or denied, provided all requirements and stipulations for temporary approval cited in paragraph (1) are met.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, §§ 34-21-84, 34-21-85.

History: Effective June 26, 1996. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.1920 _____ Requirements for Collaborative Practice by Physicians and Certified Nurse Midwives

(1) The collaborating physician shall:

(a) Provide professional medical oversight and direction to the certified nurse midwife.

(b) Be readily available for direct communication or by radio, telephone or telecommunications.

(c) Be readily available for consultation or referrals of patients from the certified nurse midwife.

(d) Be readily available during labor management to provide direct medical intervention and to attend deliveries if needed.

(2) In the event the collaborating physician is not readily available,

provisions shall be made for medical coverage by a physician who is pre-approved by the State Board of Medical Examiners and is familiar with these rules.

~~(3) If the certified nurse midwife is to perform duties at a site away from the collaborating physician, the written protocol shall clearly specify the circumstances and provide written verification of physician availability for consultation and/or referral, and direct medical intervention in emergencies and after hours, if indicated.~~

~~(4) The collaborating physician shall be present with the certified nurse midwife in an approved collaborative practice site for not less than ten percent (10%) of the certified nurse midwife's scheduled hours in the collaborative practice as specified in the protocol application. In addition, the collaborating physician shall visit each approved collaborative practice site not less than quarterly. The collaborating physicians with the Alabama Department of Public Health and county health departments are exempt from this requirement.~~

~~(5) The certified nurse midwife's scheduled hours in licensed acute care hospitals, licensed skilled nursing facilities, licensed special care assisted living facilities, and licensed assisted living facilities the collaborating physician's principal practice site, patient homes, facilities licensed by the Alabama Department of Public Health and facilities certified by the Alabama Department of Mental Health are not subject to the required minimum hours for physician presence.~~

(4) The collaborating physician shall:

(a) Have no additional requirement for documentation of on-site collaboration when working in the same facility with the certified nurse midwife (CNM).

(b) Be present for not less than ten percent (10%) of the CNM's scheduled hours in an approved practice site with CNM who has less than two (2) years (4,000 hours) of collaborative practice experience:

(i) Since initial certification, or

(ii) In the collaborating physician's practice specialty.

(c) Visit remote practice sites no less than twice annually.

(d) Meet no less than quarterly with the CNM who has more than two (2) years (4,000 hours) of collaborative practice experience.

(e) Allow a pre-approved covering physician to be present in lieu of the collaborating physician.

~~(6) If the certified nurse midwife's scheduled weekly collaborative~~

practice hours are:

~~(a) Thirty or more hours per week, the certified nurse midwife shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified nurse midwife's scheduled weekly hours. Cumulative hours may accrue on a monthly basis.~~

~~(b) Less than 30 hours per week, the certified nurse midwife shall be present in an approved practice site with the collaborating or covering physician for time equal to ten percent (10%) of the certified nurse midwife's scheduled weekly hours. Cumulative hours may accrue on a quarterly basis.~~

(7 5) The collaborating physician shall provide notice in writing to the State Board of Medical Examiners of the commencement or termination of a collaborative practice agreement as required by Rule 540-X-8-.18(4).

(86) The Joint Committee may, at its discretion, waive the requirements of written verification of physician availability upon documentation of exceptional circumstances. Employees of state and county health departments are exempt from the requirements of written verification of physician availability.

(97) A written standard protocol specific to the specialty practice area of the certified nurse midwife and the specialty practice area of the collaborating physician, approved and signed by both the collaborating physician and the certified nurse midwife shall:

(a) Identify all sites where the certified nurse midwife will practice within the collaboration protocol.

(b) Identify the physician's principal practice site.

(c) Be maintained at each practice site.

(d) Include a formulary of drugs, devices, medical treatments, tests and procedures that may be prescribed, ordered, and implemented by the certified nurse midwife consistent with these rules and which are appropriate for the collaborative practice setting.

(e) Include a pre-determined plan for emergency services.

(f) Specify the process by which the certified nurse midwife shall refer a patient to a physician other than the collaborating physician.

(g) Specify a plan for quality assurance management with established patient outcome indicators defined quality outcome measures for evaluation of the clinical practice of the certified nurse midwife and include review of ~~no less than ten percent~~

~~(10%)~~ a meaningful sample of medical records plus all adverse outcomes.

Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change. Quality assurance monitoring may be performed by designated personnel, with final results presented to the physician and certified nurse midwife for review.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-85.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed July 22, 2005. Effective August 26, 2005.

Amended: Filed October 6, 2006. Effective November 10, 2006.

610-X-5-.201 Standards of Practice for Certified Nurse Midwives

The certified nurse midwife shall practice in accordance with the standards and functions developed by the American College of Nurse Midwives as recognized by the Board of Nursing and as congruent with Alabama law.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, §§ 34-21-85, 34-21-87.

History: Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.

610-X-5-.2122 Functions and Activities of Certified Nurse Midwives.

(1) The certified nurse midwife is responsible and accountable for the continuous and comprehensive management of women's health care focusing on pregnancy, childbirth, the post-partum period, care of the newborn, family planning and gynecological needs for which the certified nurse midwife is educationally prepared and for which competency is maintained, with physician collaboration as described in these rules. These services include but are not restricted to the following:

(a) Evaluate current health status and risk factors of individuals based on comprehensive health history and comprehensive physical examinations and assessments.

(b) Formulate a working diagnosis, develop and implement a treatment plan, evaluate and modify therapeutic regimens to promote positive patient outcomes.

(c) Prescribe, administer and provide therapeutic measures, tests, procedures, and drugs.

(d) Counsel, teach and assist individuals/families to assume responsibility for self-care in prevention of illness, health maintenance, and health restoration.

- (e) Consult with and refer to other health care providers as appropriate.
- (2) A standard protocol approved by the Board of Nursing and State Board of Medical Examiners shall address permissible functions and activities specific to the advance practice of the certified nurse midwife.
- (3) A certified nurse midwife may, after the successful completion of an organized program of study and supervised clinical practice, carry out functions beyond the nurse midwifery educational preparation provided the functions are approved by the Board of Nursing as being within the legal scope of practice for a certified nurse midwife. Such functions will be submitted to the Joint Committee for consideration for inclusion on the standard protocol.
- (4) Requests for additional functions to be added to the protocol may be submitted to the Joint Committee for consideration.
- (5) A certified nurse midwife may write admission orders for inpatients and subsequent orders in accordance with established protocols and institutional policies.

Author: Alabama Board of Nursing

Statutory Authority: **Code of Alabama, 1975**, §§ 34-21-85, 34-21-87.

History: June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003. **Amended:** Filed September 22, 2008. Effective: October 27, 2008.

610-X-5-.2223 _____ Prescriptions and Medication Orders by Certified Nurse Midwives

- (1) Certified nurse midwives engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified nurse midwifery curriculum.
- (2) Certified nurse midwives practicing under protocols approved in the manner prescribed by **Code of Alabama, 1975**, section 34-21-80 et seq. may prescribe legend drugs to their patients, subject to the following conditions:
 - (a) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.
 - (b) The drug type, dosage, quantity prescribed, and number of refills shall be authorized in an approved protocol signed by the collaborating physician and the certified nurse midwife. This requirement may be met if written prescriptions adhere to the standard recommended doses of legend drugs, as identified in the Physician's

Desk Reference or Product-Information Insert, ~~not to exceed~~ and do not:

- (i) Exceed the recommended treatment regimen periods.
- (ii) Include United States Food and Drug Administration (FDA) non-approved supplements, drug products, medication, and off label medications.
- (c) Drugs and Medications that do not have FDA approval may be prescribed through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.
- (d) “Off Label” use or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:
 - (i) Within the current standard of care for treatment of disease or condition.
 - (ii) Supported by evidence-based research.
 - (iii) Approved by the collaborating physician and entered into the patient record.
- ~~(b) The drug shall be included in the formulary recommended by the Joint Committee and adopted by the Board of Nursing and the State Board of Medical Examiners.~~
- (3) A certified nurse midwife shall not initiate a call-in prescription in the name of a collaborating physician for any drug, whether legend or controlled substance, which the certified nurse midwife is not authorized to prescribe under the protocol signed by the collaborating physician and certified nurse midwife and approved under this section unless the drug is specifically ordered for the patient by the physician, either in writing or by a verbal order which has been transcribed in writing, and which has been signed by the physician within seven working days or as otherwise specified by the Board of Nursing and the State Board of Medical Examiners.
- (4) A written prescription for any drug that the certified nurse midwife is authorized to prescribe may be called in to a pharmacy, provided the prescription is entered into the patient's record and signed by the certified nurse midwife.
- (5) The certified nurse midwife in collaborative practice with prescriptive privileges shall not engage in prescribing for:
 - (a) Self.
 - (b) Immediate family members.
 - (c) Individuals who are not patients of the practice.

(6) The certified nurse midwife who is in collaborative practice and has prescriptive privileges may receive and sign for samples of legend drugs that are authorized in the approved formulary for the collaborative practice, provided the certified nurse midwife complies with all applicable state and federal laws and regulations.

(7) When prescribing legend drugs a certified nurse midwife shall use a prescription format that includes all of the following:

(a) The name, medical practice site address and telephone number of the collaborating physician or covering physician.

(b) The certified nurse midwife's name printed below or to the side of the physician's name.

(c) The medical practice site address and telephone number of the certified nurse midwife if different from that of the collaborating physician.

(d) The certified nurse midwife's registered nurse license number and identifying prescriptive authority number assigned by the Board of Nursing.

(e) The words "Product Selection Permitted" printed on one side of the prescription form directly beneath a signature line.

(f) The words "Dispense as written" printed on one side of the prescription form directly beneath a signature line.

(g) The date the prescription is issued to the patient.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama 1975, §§ 34-21-85, 34-21-87. **History:**

Effective June 26, 1995. **Amended:** Filed August 25, 2003. Effective September 29, 2003.